

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/019356**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		2		2
4		0		2		2
5		0		2		2
6		0		2		2
7		1		1		1
8		0		2		2
9		0		2		2
10		0		2		2
11		0		2		2
12	1		1		1	
13	1		1		1	
14		0		0		2
15		0		0		2
16		0		0		2
17		0		0		2
18		0		4		2
19		0		4		2
20		0		4		2
21		0		4		2
22		0		4		2
23		0		4		2
24	1		1			
25	1		1			
26		2		2		
27		0		2		
28		0		2		
29		0		2		
30		1		2		
31		0		2		
32		0		2		
33		0		0		
34	1		1		1	
35		1		1		1
36		1		1		1
37		2		2		1
38		2		1		1
39	1		1		1	
40		1		1		1
41		1		1		1
42		1		1		1
43		1		2		2
44		1		2		2
45		6		1		1
46		6		1		1
47		0		1		1
48		0		1		1
49		0		1		1
50		0		1		1
TOTAL IND.	10		10		10	
TOTAL DEP.	85		85		85	
TOTAL CLAIMS	95		95		95	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
52	1		1		1	
53		2		2		2
54		2		2		2
55		0		2		2
56		1		2		2
57						2
58						2
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100						
TOTAL IND.	10		10		10	
TOTAL DEP.	85		85		85	
TOTAL CLAIMS	95		95		95	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
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